

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



### Dairy Farmer Tax Credit Program 2013 Disclosure & Authorization Statement

#### Applicant Information

Name: \_\_\_\_\_ Farm Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Applicant Taxpayer Information

☐ Sole Proprietor ☐ C-Corporation ☐ S-Corporation ☐ Partnership ☐ Other Entity \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_  
(Sole Proprietor **Must** Include SS#)

Individual Taxpayer ID Number (TIN): \_\_\_\_\_

#### Dairy Information

Certificate of Registration Number: \_\_\_\_\_  
(Issued by Massachusetts Dept. of Ag. Resources)

Name(s) of Cooperative \_\_\_\_\_  
or Handler who markets \_\_\_\_\_  
or purchases Milk: \_\_\_\_\_

☐ **"Yes"**, I authorize \_\_\_\_\_, my milk cooperative or handler to release evidence of my monthly milk marketings for the dairy operation listed above directly to the Department of Agricultural Resources for the purpose of the 2013 Dairy Tax Credit Program.

☐ **"No"**, I do not authorize the release of production evidence for any milk cooperative or handler to the Department of Agricultural Resources. I will provide production evidence directly to the Department.

#### Signature

##### I hereby disclose the following:

I held a Certificate of Registration pursuant to M.G.L. Chapter 94 § 16A at some time during 2013. Furthermore, I hereby authorize the United States Department of Agriculture's Farm Service Agency, the Federal Milk Market Administrator, my milk cooperative, or milk dealer who markets or purchases my milk to release all records and other information relating to my milk production during the year 2013 to the Department of Agricultural Resources. I further authorize the Department of Agricultural Resources to examine all records necessary to verify the information set forth in this disclosure statement. By this disclosure and authorization statement I claim to be eligible to participate in this Program created pursuant to M.G.L. c.62, §6(o) (1)-(4), and M.G.L. c.63, §38Z.

I certify, under penalty of all applicable law, as to the truth, completeness, and accuracy of all information provided in or in connection with this form. I also certify that I am the authorized individual eligible to file this statement and form. By signing this Disclosure and Authorization Statement Form, I agree to all terms and conditions contained within.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Relationship of Individual Signing

\_\_\_\_\_  
Date